Meaningful Use Workgroup
Subgroup #3 – Improve Care Coordination
Draft Transcript
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Presentation

Operator

Thank you, all lines are now bridged.

MacKenzie Robertson – Office of the National Coordinator

Thank you. Good afternoon, everyone. This is MacKenzie Robertson in the Office of the National Coordinator. This is a meeting of the HIT Policy Committee's Meaningful Use Workgroup Subgroup #3, Improving Care Coordination. This is a public call. There will be time for public comment at the end and the call is also being transcribed, so please make sure you identify yourself before speaking.

I'll now take roll, Charlene Underwood?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

I'm here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Charlene. Michael Barr? Jessica Kahn? David Bates? George Hripcsak? Christine Bechtel for Eva?

Christine Bechtel – National Partnership for Women & Families

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Leslie Kelly Hall?

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Leslie, and Larry Wolf?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Here.

MacKenzie Robertson – Office of the National Coordinator

Are there any workgroup members on the line? Is there any staff on the line?

Emma Potter – Office of the National Coordinator

Emma Potter, ONC.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Emma. Okay, Charlene, I'll turn it back to you.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay, um, thank you. Just to frame the conversation today and, Christine, I know the Eva's been keeping you up-to-speed in this in, ah, again, what the workgroup has been trying to work toward is recognizing that in Stage 3, we're advocating for, um, the means to be able to enable a more collaborative care environment for patients and their caregivers across the continuum. We also recognize in that process that, um, where meaningful use is really about meaningful use to providers, um, and therefore we need to make sure that we think about how those providers today who are providing care in more venue specific areas can interact with this platform. So we've been working through, um, what elements need to be in place to advance the broader care col—care collaboration need and feed, um, that platform with standardized data, so that data can be more interactively shared and dynamically communicated.

Um, and we recognize that to get there in Stage 3, we're, we recognize, um, that we recognize to get there in Stage 3 is a big step and it's going to be hard. So that's the work that the workgroup has been discussing, um, as we've been, um, moving through this process, trying to wear a hat of something that's both practical and at the same time it's a bit of a stretch, and that's the balance I think that a lot of our discussion has been in. We've broken strategically our, um, concept into three major types of functionality, um, that supports care coordination: communication; the ability to plan and to track; and then the ability to be able to reconcile information when information is received from multiple sources, so those are the broad functionalities that we've organized our work into.

Um, and so today what we're going to do is, um, under those functionalities, last time we had this we were trying to work through discussion of, again, leveraging what is in Stage 2 as a basis, um, again recognizing we're not sure what's in Stage 2 and then trying to set the platform for more specific care planning in Stage 3. Um, so that's what we're going to review today. There's been a lot of sharing of PowerPoint information among the workgroup members, um, so what I'll be sharing on this call is probably the most recent, um, kind of, work that has been added to, and we'll discuss that. We had one call today and then we do have a call scheduled on Friday that, um, if we feel like we need by the end of this call because this call is just an hour, um, we will also have that call.

So to that end, um, if we could just, um, bring up the, the objectives of the PowerPoint, we can start with the first one and we'll just, um, walk, like the first two are pretty critical and then in terms of getting through, because that's where we spent a lot of time last time, if we can get through those, I think we have, um, I think it's four objectives, but I could have lost count at this point. But, um, if we could start there and then begin the conversation.

Okay, so, what we decided last time was, again, there's a couple of fundamental concepts that we had in place last time. We wanted again to leverage, um, the ability to be able to support the summary of care record and recognizing and advancing, um, the elements that we included in it last time, which were, um, patient goals and care team members, so again, we're trying to make sure that, um, the elements that are listed below continue. We don't want to lose those, um, so what we did, um, was, um, continue to move forward that objective, um, and, um, put in place, and I think there's some, a little bit of debate about this, but, um, 65% of the transitions of care and referrals and at least 30% electronically. And then we said per patient preference and again, assuming—and that's probably a stretch per patient preference because you got to make sure that it's captured somewhere.

So, I'll open this one, um, to discussion relative to, um, your reaction in terms of its viability, its completeness, um, and any other comments you might have on this one.

George Hripcsak – Columbia University

Hi, it's George, Charlene, just—

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Oh, welcome, so and George thank you for the steps that you took to kind of break out our conversation from last time.

George Hripcsak – Columbia University

Very good.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

So I guess, Christine, what I would ask, um, if we put this per patient preference standard, again, challenge we always get from the broader group, is that specific enough? And I again, I know we've got some requirements and I know you've got that requirement commit through patient engagement, um—

Christine Bechtel – National Partnership for Women & Families

Yes.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Do you think that's we'll hold it cold, or do I, um—

Christine Bechtel – National Partnership for Women & Families

I hope so. I mean I don't think it's that difficult since we, you know, I actually think that people who do it also end up with a de facto list of care team members. So what we have in the patient and family engagement, um, bucket is provide 50% of patients the ability to designate who and when an updated summary of care document is sent to specific care team members in both an ongoing, like the auto Blue Button or one-time basis. And so, Leslie, who I know is on this call, um, did the work of making sure that the standards were, um, were available or will be available, and, and they are. And so I think what this gets you is actually a nice two-for, because if the patient is, or maybe it's a three-for, if the patient is designating they're going to, um, input their care team members that way and so you get patient generated data. You get a better list of care team members, and then you've got the communication preferences designated.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Um, any other comments on this one? And I'm okay that we are, with the footnote there, because again, we're struggling a little bit with this one and the next one because some of these elements potentially could feed a care plan, too, but for purposes of now, we don't want to lose those, and we're enhancing it to have this contact information, because that's pretty important in transition.

Christine Bechtel – National Partnership for Women & Families

So, Charlene, it's Christine, again. Are you wanting to talk about the content and the preferences, or do you also want to talk about, um, transmission, because I know Eva shared an idea about transmission that I wanted to explore.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay, now you can go, it's really, um, you know, what this is positioned at is advancing, um, the, the current state that is in Stage 2, and, ah, upping the percentage, um, to a higher number, as well as indicating electronically and then it adds in patient preference. And then we're just reinforcing those elements that we don't want to lose those elements that we specified in Stage 2.

Christine Bechtel – National Partnership for Women & Families

Right.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

But there's some revision to it, but it's, um, a refinement. It's not a whole new, a whole new, um, launch of capabilities, so we just want to get it implemented more broadly.

Christine Bechtel – National Partnership for Women & Families

Right.

George Hripcsak – Columbia University

Charlene.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes, go ahead.

George Hripcsak – Columbia University

Well, first of all, we're on this, let's see … 303, is that where we are?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yes.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Um, yes.

George Hripcsak – Columbia University

And what does it mean to send? I'm sorry I missed the beginning, for patient preference, the patient is putting the preference of how it gets sent to the other doctors?

Christine Bechtel – National Partnership for Women & Families

So, George, it's Christine. Um, one of the things in the patient family engagement subgroup, and not that I was just explaining where we did the work to make sure that there were standards available, and not, um, one of the proposed items is provide 50% of patients the ability to designate who and when an updated summary of care document would be sent to specific care team members. So you would get the kind of three-for of patients, um, inputting their care team members, so you'll get patient generated data and you'll get a, a better list of care team members, which as you know from the first care coordination hearing was a really critical, um, piece. And then that the ability to designate is essentially using the same approach as was done in, um, stage—now I can't remember if it was one or two around communication preferences, the same kind of approach.

George Hripcsak – Columbia University

So if I'm, I'm referring to another doctor, so do I check with the patient you mean before I do the referral whether I should send the transition of care record?

Christine Bechtel – National Partnership for Women & Families

No, this is, um, no, this is the patients would have the ability to preset their preferences, so you could say to your primary care provider any time there's a change in my summary of care, a copy of it should automatically go to my, um, cardiologist, so that's one, or you could just simply go in and request that that happens, and that would be the one-time versus an ongoing automated basis.

Leslie, did I cover that accurately?

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Yes if you guys can hear me. Sorry, I've got to go back and forth in the slides and talking on my phone and haven't master it, but, um, yes, this is the auto Blue Button workgroup, so the patient preferences, do I go get it myself, or do I set it and forget it? But this makes the setting and it goes to these people on my care plan automatically, so this is just consistent language across all the recommendations.

George Hripcsak – Columbia University

But on 303, so it seems like you want to trans—I'm just trying to see how you'd measure, if there's a transition or if there's a referral, or if there's a change in something or other, then you want it sent. In other words, like adding per patient preferences, PE criteria doesn't say that, so there's a, there's a different trigger, it's a different denominator. How much of the time when the record change did I send it to the right people? There's no transition of care and there's no referral … triggered.

Christine Bechtel – National Partnership for Women & Families

George, I think you, I think you're pointing out, it may actually be two different things, and one is, um, for, as it's written now that for 65% of transitions in referrals you, you know, you send the care summary and, and 30% of the time it's electronically. But the per patient preference in the patient given criteria I think is a little different, which is you give them the ability to designate how and when they also want it shared and then that way people can, you know, figure out how to do that.

George Hripcsak – Columbia University

But when, but they're going to expect a clean objective, so—

Christine Bechtel – National Partnership for Women & Families

Right, so—

George Hripcsak – Columbia University

So as a per-patient preference, we need to phrase it differently. I don't know if it's yet another objective.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So I guess what I'm hearing is some of the, some of the recipients will be specified by the patient. Is that, that's the patient preference.

Christine Bechtel – National Partnership for Women & Families

Yes.

George Hripcsak – Columbia University

Well, it's a different recipient, but it's also a different trigger. That's my main point.

Christine Bechtel – National Partnership for Women & Families

Yes.

George Hripcsak – Columbia University'

It's that it's, there hasn't been a transition, there hasn't been a referral, so we're still supposed to use 65% of them, so we have to figure out what them is, … important change in the care plan or something, so …

Christine Bechtel – National Partnership for Women & Families

I think, George, I think, George, it's two different things and if you just said if you left this as it was—and the rest of the group should check me on this, but if you, if you just say, you know, you ended after at least 30% electronic period, if there's a separate criteria, which right now lives in patient and family engagement that says you give half of your patients the ability to designate who and when, you know, people get the care summary, my guess is that nobody is going to just give their patients the ability to designate, but not honor those, right?

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Right, right.

Christine Bechtel – National Partnership for Women & Families

So if we make that assumption and just having them as two separate pieces is probably okay. If we think it's possible that most, most providers are going to collect patient preferences and not honor them, then we do need to do some work here.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

I would for purposes of this, I think we should probably because I, I, I think overlapping them will be a challenge to get this one through.

Christine Bechtel – National Partnership for Women & Families

Yes, I agree, so if, if they're separate, I think it's still okay. I mean, George spoke—

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Christine Bechtel – National Partnership for Women & Families

Do you agree that if they're collecting preferences, they're generally going to try to honor them and we don't need to create a separate measure around it?

George Hripcsak – Columbia University

Well, I think the preferences just have to be explicit, though, because right now when you say preferences, people think, oh, like what route do I want to receive things to me, not what are the triggering events that cause data to be sent to another person. Well, that would have to be fairly explicit.

Christine Bechtel – National Partnership for Women & Families

Well, do you want me to reread you the criteria? This per patient preference in the PE criteria is not it. That will come out, so the criteria from the patient family subgroup is provides 50% of patients the ability to designate who and when an updated summary of care document is sent to ca—specific care team members, both one-time or an ongoing basis, so that's a lot more specific than that …

George Hripcsak – Columbia University

Yeah, I guess I would measure there, then.

Christine Bechtel – National Partnership for Women & Families

I'm sorry?

George Hripcsak – Columbia University

Given that you said that, like even if you decide to measure it or not, but I would put the measure there with that objective and not put it down with this objective.

Christine Bechtel – National Partnership for Women & Families

Right, that's what I'm saying.

George Hripcsak – Columbia University

… yes.

Christine Bechtel – National Partnership for Women & Families

Okay, good.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay, so if we, um, I'm going to make one other comment here, but I think it's going to be relevant more to the next objective as we think this through. The feedback I've got and, um, Leslie, you may know this, when I was chatting about the vendors, they do not know what a transition of care is and how to capture that. So even though we're being specific here and if we're going to carve out a separate case for transition versus referrals, that's going to be a ….

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

So … then the summary of care document, that's really what we're talking about.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes, that's what the issue, … we'll wait till we go to the next objective.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Okay, that's something that should be very well known because it's in meaningful use, too.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

So are there any further comments on this objective?

Christine Bechtel – National Partnership for Women & Families

Charlene, it's Christine. I just want to make, I mean, the trans—the transmission piece is the piece that, um, I think is still a really open question in my mind; and if you don't want me to raise it here, I can raise it in the full policy committee, but the idea that Eva put forward was rather than just have only 30% electronic, which we really struggled with in Stage 1 and it's still real low in Stage 2, that by Stage 3, given what CMS is reporting in terms of the high trajectory for people becoming meaningful users, could we instead recommend that an automatic look-up function be built into the electronic health record to see who's another meaningful user, ah, because CMS publishes the list online by provider identifier, by you know, NPI, by, um, zip code, street address, name, everything. Could you build an auto lookup function pretty easily, um, then use direct standards or the other transport standards that are already part of Stage 2 to transmit and therefore, have a higher threshold if you're sending to another meaningful user, a higher threshold than sending electronically.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

I think the barrier I would see there, it's certainly possible to do that, but again, there's other elements, and I know just from our perspective, there's other elements of, um, the infrastructure that has to be in place, other than there are meaningful users. There's other things that would have to be checked on in terms of are there, you know, agreements in place actually to do the transfer and those kinds of things; and so I think that, that would not be sufficient in terms of, um, creating the reliability for people to actually do this ….

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So Christine—

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

This is Leslie, and I think there's also effort being made not only with the direct project to provide the communications provided a provider and for that, um, you know, just to have a way to look that up, but there's also, um, master agreements for, for trusts that are coming out of the list that said, hey, we, we have a way to sign up for each to communicate data. So I don't think we should predetermine the barriers. I think this … other places and it's, if, if we're supposed be doing some coordination and fundamentally we want that online, we want that to be happening electronically, and we want to know that there's an existing standard. So—

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

So I guess, … it should be easier for the provider to do it that way, and all I'm thinking of that the fax model and just instead of fax machines, you have direct.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

So what if—

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So this is Larry, let me jump in for a second.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay, all right.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, so that this is, um, a really key discussion and I'm wondering in terms of engaging, ah, the Policy Committee and the Meaningful Use Workgroup, if it shouldn't actually be brought forward as its own piece that says—

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

By Stage 3, we're anticipating certain things will be either in place or could be in place and we want to, we want to consistently leverage them—

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Um, and have that discussion happen as its own focus piece and then falling out of that, then it becomes very reasonable to look at increasing levels of electronic transmission if there's already been an across the board agreement that we could have good directories. We could have the right infrastructure—

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

And that that conversation happens really around those pieces, um, and then we look at the things that we're sending, when we're sending them, why we're sending them, who we're sending them to, um, as it, as their own discussions.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

So what I'd recommend maybe we just put another, a second asterisk there, Christine, and we just we have … we add this, that question below in terms of, you know, what's your recommendation as to … and to, to call out that discussion.

Christine Bechtel – National Partnership for Women & Families

Yeah, I think that's a great idea to get… those approaches.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah, because then that opens the broader discussion in terms of what infrastructure functions we can make in terms of defining our objectives. I mean we're assuming this broader health information exchange. What we're not assuming is what elements of that are in place, right?

Christine Bechtel – National Partnership for Women & Families

Well, right, but I would say also that you're—I, I don't know that you are assuming broader health information exchange, if only 30% of 65% have to be sent electronically, so I think it's a good idea to call out the stuff very specifically and get public feedback.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Right, and, and, you know, to the point the one thing that we're getting very low, um, adherence to in Stage 1 is anything having to do with exchange.

Christine Bechtel – National Partnership for Women & Families

Right.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, that while I think we're making huge progress on that front, it's not clear that progress has yet made it into the hands of the average clinician.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

This is Leslie. I do think that meaningful use, too, as it comes out will give us some guidance on this, and I, I believe that the infrastructure will be called out. So I'm hopeful and, and I do agree let's have a discussion about percentages, but if the infrastructure is a barrier and we think that's going to be overcome, then we should be setting very high thresholds.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Great, okay, so we'll check for the purpose of this discussion, um, we'll call that out as a, well, delayed per patient preference in PE, because that refers to another objective and then next to the 30% electronically, and George, I know you want to comment on that. We will put in the question relative to, um, the alternate proposal in terms of how we consider measurement.

George, did you want to comment? Are you all right with that?

George Hripcsak – Columbia University

Yeah, I was just going to say 30 meant of 100, not of 65, but I don't know what the right proportion is, but, but when it was written, it meant 30% of 100, not 30% of 65%.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Oh, so let's just—

George Hripcsak – Columbia University

So let's just pick a number that makes sense, whatever that is.

Christine Bechtel – National Partnership for Women & Families

So I think it'd have to be two separate sentences. We provide the summary of care records 65% of the time—

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

And provide it 30—

Christine Bechtel – National Partnership for Women & Families

For, yeah, and then you'd had to say for all transitions 30 per—you know, for every transition, it's 30% must be sent electronically. It has to be—you have to make that denominator clear. I'm glad you said that, George.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Yeah.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

And again, I think the, these, um, percentages again are just going to be dependent on all the other variables we discussed.

Christine Bechtel – National Partnership for Women & Families

Yep.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Now the only, there's, ah, there's only one other element, and I just, kind of, just keep this in your head as you're, as we're kind of walking through. One of the things that was an original proposal, and I haven't tracked down the original proposal, was that we provide the summary of care record immediately. That's the intent here and then if there's changes to it, updates can be sent. We've got that caught in a later, um, objective, so but we want to make sure that that provision is provided was we, um, continue through this, so I, I don't want to lose that. And we did have an original objective way back that, kind of, said that, but I've not been able to backtrack to find that, so that's just an open item.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So this would be if you send a care summary and then you subsequently get new information that was of the same type you would have included that there's, ah, an impetus to, ah, continue to forward.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

And I think that, so the driving case of this is you've discharged someone to a next care setting or you send a care summary to a PCP, and then six hours later an abnormal lab comes in, and you would really want that information to be communicated along with whatever else you had earlier sent.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

And I think it needs more than a footnote to really communicate the intent—

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

But I think it'd be fine to include it here.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Because this is, this is the information flow we're looking to make more robust.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah, so I'm going to try and find that original objective, um, and maybe we can, um, we can touch, we could determine does it fit here—I'll actually do the update on that and then we can maybe, it looks like we're going to have to discuss it on Friday. But let's—Eva caught later as a means in terms of tracking, so we've got to decide in which objective we want it, so let's keep moving, but I just don't want to lose that one.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Thank you.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Next slide, okay, so, um, we had substantive discussion, um, around the need to set the platform for, um, a care plan and we were advised by the Meaningful Use Workgroup to see if we could embed that care plan under the care, under the, um, summary and we ... a debate on that. So where we came down was, um, actually we would like, because this is such an important element of care coordination, um, for care plans to stand alone, um, and that it should contain, and again, these we view as our, our minimum data set of information that again some will be if applicable, because as elements, I think if some of the transitions that may not be applicable, so there's some applicability here and we have to actually walk through these elements.

But the concept is in the case of a transition of care of this type of care plan is provided, um, because many referrals may not necessarily a referral to a dermatologist. Again, different types of referrals may not require, um, such robust data, um, we, we actually wanted to lighten the load there a little and may feel the simply providing the, um, the care record of summary could be sufficient. So that was really what we were working through as we were trying to, um, propose, you know, an approach to enabling a more dynamic, um, collaborative care platform.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

And, and I guess it's important to note here that, ah, today the summary of care, um, document actually has a care plan section in it, so we didn't, we're not actually saying it needs to be a separate document. We're saying its content, ah, would be provided in a transition of care and optionally in, ah, in a referral.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

That's, that's correct and I don't, I think somehow we got the word from … that this care, summary of care document, because Larry is right, so out of the transition of care, we can improve the transition to home, then the summary of care document provided with these additional elements ….

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Is that how you, is that how we want to position it?

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

No, I'm just saying I think there was some confusion and Larry has just articulated it correctly, which is … Yes.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

I'm totally with what Larry said.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Okay.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

....we need a separate document, I'm okay with that, or if it can be done as part of the summary of care, I'm okay with that.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Right, we'll just to add to it if there's … be included out of transition point and that that includes going home, right, so the patient gets this, too.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Going home would definitely have to be included. One comment on the list of elements, remember when we presented this originally to the full Meaningful Use Workgroup, there was a large pushback on the volume of data we're suggesting here, so that's why I had said we need to, you know, talk about the elements further, 'cause our first, our first time presenting this, that was the thing that triggered, well, why don't you go, guys go back and work on this further.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah.

George Hripcsak – Columbia University

… this back, it's not good.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

I think one piece we've done, I think one piece we did, though, was specifically split out if it's a referral, this volume of data.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

When we get into referral and that gets rid of a lot, but just, we need to go—I mean, I don't know if the, as Charlene just said, the as relevant, kind of, stipulation. I mean, as I, I felt a lot. You know, in the transition of care, I do want most of these things filled in, I guess. So, but, ah, I don't know. Some of this is just, um, appearance if it feels overwhelming, the Policy Committee members, some of the Policy Committee members will react against it.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Right, this is Leslie, but I do think the as applicable covers and sort of, I mean …. You're going to send what's necessary and applicable and if the documents, the elements that we've got will send the transition of care team, and in the longitudinal care plan, sorry, what they said was the minimal requirement. And I think ….

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Well, if it's, it's as applicable applies to all of these elements, then I think we're pretty safe, and it forces the thing to be included into the, um, you know, the, the—

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

The standard, yeah, the standard in the EHR, right?

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

And I also since that once … it's in the standards, too, you can have ... as my referral, here's what I send … and it's auto-populated.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

So a couple questions that came up in, in reviewing some of this, now Leslie is from a systems perspective, we don't, vendors don't know what is a transition of care, so they're not going to know—

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Okay, but yeah, but Charlene … it's confusing this. The more of the summary of a document is, that's what I—the event is a transition. The document being sent that they have to program is the actual summary of care document, which is a meaningful use, too, and a transition of care is a movement, whether it's a referral or whether it's a discharge, or a whole end of this, end of this encounter.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah, but we're not to know because if you look at the denominator, we have to know if it's a, you know, if it's a transition or if it's a referral to be able to count things, and we're not going to be able to distinguish between those two.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Well, today if I do a, um, a referral like EMR has that I am doing a referral request and who's the doctor I'm referring it to, and if I'm doing a, a discharge like to home, that is a transition of care. It's a discharge, so it's any event … an encounter, right? So we'll doing this …--

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

No. I'm going to just comment. I don't think it's precise enough. We're going to have to have a definition, you know, so—

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So is, is this a piece that we can, ah, A, debate as its own piece and, B, some of it pushed to standards to say, um, specifically what are the criteria that makes something be a transition, because I have to agree, that, that naively it sounds like, well, we're doing a discharge. If you're in an in-patient setting and you're doing a discharge, that's a transition.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Right, and Larry, you stated 65% of these go back out to the community—

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Right.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

So again, you know, um.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, so, you know, so we would want the patient to get a copy. We'd want the PCP to get a copy. I recognize that a lot of times, say, we don't know who the PCP is, I mean, there's, there's a lot of bootstrapping here that has to happen for this to actually work.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Yeah, I'm going okay with asking the Standards Committee to definitely come up with the definitions of what transition means that can counted in the EHR.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

That'd be fine. That's really kind of where the, you know, the pushback there was. And then I think there were just such, Larry did a really, or in the long-term … care work, there's been some really good definitions of the types of transition, but again, a lot of those are transitions back to the ED. So in some cases, again, there's cases where some of the information is relevant or not relevant, so, um, I, I just think we have to, you know, be sensitive to that as we're going through this. I don't know where we'll put that, but is that all right?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yes, but my sense is that—

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Some of these are going to be use case dependent, I think, so …—

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yeah, so, so, but, I think we've got the concise narrative we always want and that's a diagnoses we'll always want, and the rest of it I think we're saying is, um, as applicable, right?

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Right.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay, so let me touch base. I—do we want to—I just have a broader question. Um, in feedback that we were getting from, um, the physician community relative to this narrative, even in the current, um, originally I had this kind of in the origi—the previous slide just that concise narrative. And it's kind of, I think that doctors trained for years, so that they kind of say either at a discharge or at the end of the calendar year, here's kind of what happened to patient and the broader few sentences, changes in their treatment plan, this kind of changed that definition 'cause it includes setting specific goals. It went much deeper. That wasn't the intent of what I was putting in there. I was trying to keep that broader definition, you know, so that we could start to capture just that piece either at dischar—at transition, if you will—

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Um hmm.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

So should that be actually included on the previous slide in all cases, or is it only relevant, and you'll have to tell me, only relevant to transitions of care, then I'm fine keeping it here; and then I would rather change it back to the old definition and not change it to this definition, 'cause that's not what I was understanding coming, kind of, from at least the current state of the community.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, I, I think you're right that the, the focus concise narrative, ah, is the thing to highlight there and not all the other stuff to then include, it stops being concise, and you're right. It hadn't occurred to me, but it probably does make sense to put in it on the prior slide as this is what you want for, ah, all transitions and probably for all referrals.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Right.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

I mean, for your referral cases, it's probably really simple.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Right.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

It's traditionally what you really want on the referral note or referral order.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah, and it could duplicate, if you will, with referral instructions, but we don't know if that got included in Stage 2, so we might have to reconcile that. So my preference would be to actually move this back to slide one and include it there, 'cause I think this is really important, and I've heard that validated and to leave it as this concise narrative in support of care transitions and referrals and leave it as that.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yep, and then the other stuff that you wanted included becomes the intro to this, to 304.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay.

Christine Bechtel – National Partnership for Women & Families

So, so you're saying, Charlene, the concise narrative goes under the care summary, and the remainder stays under care plans? The remainder of what's here; medical diagnoses and stages—

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes, yes, yes.

Christine Bechtel – National Partnership for Women & Families

Okay.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Goals, setting specific goals.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

You always get it. I always want it and again, as you think, even as I'm talking to the user community, they're saying, and you know, Charlene, this changes processes, so they actually have to do it at the end but, and I said yeah, I understand that, 'cause this is immediate communication. This is not two days later that we're asking for this, so—

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

All I can say is I'm beginning to actually see this in real life.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes, this is step up, that's—

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

I'm seeing, I'm seeing discharge summaries that show up with the patient when they come to one of Kindred's settings.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Not two days later, real time.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes, so, so it's one piece of that that we're starting to call, call out for the step-up for Stage 3. Does that works?

Christine Bechtel – National Partnership for Women & Families

So the concise narrative stays in both care plan and the care summary, or does it—

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

No, it just is in the care summary document.

Christine Bechtel – National Partnership for Women & Families

Okay, so the care plan is only medical diagnoses, blah, blah, blah, got it.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah, okay?

Christine Bechtel – National Partnership for Women & Families

Yep.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

And again, we'll put if applicable, which then again, these will vary, we want these elements in the EHR and these will vary by some various use cases and, but I think if we just keep if applicable, we'll at least put that caveat in. Um, we did make this core. We did not make it menu.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

This is great. Charlene, this is Leslie. I have to log off I'm afraid for another call, but I will be on Friday and it, it sounds like we're getting better, closer. All right.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay, … all right.

Leslie Kelly Hall – Healthwise – Senior Vice President for Policy

Thank you.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Thank you. And then just in terms of, um, the only, as we look through the measure, it says the complete set of electronic care information. Do we just say how do we like it, it's because it's, it's applicable, how do I like, how maybe George, you would know how I would word that, provide, um, we don't want it to go with one field, but electronic care plan information. Really want to say pertinent to the use case, but we can't get that specific, you know?

George Hripcsak – Columbia University

Which, which, which one are we rephrasing?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

This is, I'm looking at the measure. We're saying 10% and we're making it core to make it a very strong statement, which is what we agreed to, and then it—the measure said, we said above that some of the elements may be applicable for various use cases, but we're not going to get to that refinement. Um—

George Hripcsak – Columbia University

Oh, how do, how do, you mean just how to phrase the applicability?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah, in the measure it says, um, we left at 10% of transition, um, it, that provides a complete set of electronic care plan information seems to contradict if applicable. That's all I'm saying.

George Hripcsak – Columbia University

Yes, yes, yes, now I see. Now I see.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So can you drop complete set and just say provides—

George Hripcsak – Columbia University

Yeah.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

—electronic care, ah, care plan information?

George Hripcsak – Columbia University

It provides the electronic care plan information and the will refer back up to the objective and then the objective is where we define what we mean by it.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

George Hripcsak – Columbia University

And I think in that first sentence for each transition of care, that's probably where the applicable caveat goes.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yep, I agree.

George Hripcsak – Columbia University

So … of care, provide a care plan with the following elements as applicable—

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay.

George Hripcsak – Columbia University

—and then that list, we can take out applicable out of the ones that have it now and then, as Larry said, complete, ah, provides the electronic care plan information, so 'the' will refer back up to the objective.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay. All right, um, any other comments on this one? And again, we will put in the caveat, we'll have to footnote to Standards that we want, you know, the vendor community wants to be able to derive from the system what's transition of care, so we need some definitional statement around what a transition of care refers to. Okay?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yeah, and I see the timing problem. The timing problem is that I'm getting all this information together. I haven't discharged the patient yet.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

And so now I'm going to discharge the patient and if a discharge is the trigger, it's sort of too late to tell people, hey, don't forget to do the care summary.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, I, I can see where there's, ah, it's a non-obvious sort of point to trip over.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah, and so we had said and the question, um, in our testimony we had heard, David had suggested that we treat, you know, um, a transition as an order. Then we would know, right?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Right.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

And that would actually generate collecting this information and I, I had talked with David Bates in the functional session to actually treat it as a order, and I know that changes kind of the process and practice, so anyway, so, but I think we just call it out as an issue, and we're going to have to get some guidance on it.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So it, it, it might be an interesting discussion because there actually is an order to discharge.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah, there is an order to discharge and typically that's, you know, people ask is that, and that should trigger. In a system we would trigger, it's based on who you're ordering the discharge to it triggers the right information you have to gather.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Right, so it'll be interesting to put that forward for discussion and maybe it's not such a stretch.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay, all right. Um, next slide.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

This is 305.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes, 305. Okay, so, um, okay, this was, um, okay, so we have introduced new this time we wanted to actually start the capability, again, we heard lots of testimony about two-way communication; and so, um, actually, George, I think this was your recommendation was to see if we could actually, um, break out the tracking and the receipt piece as a separate objective. And again, at the higher level, if I looked what Population Health did, they included it as part of the same measure. We actually had broken it out, but I think our rationale to break it out is a recognition that we're working to really start to close the loop on things that are, um, you know, communicated—that are received, um, or there's an intention to be able to receive from, um, other caregivers.

Um, so what we did was, um, identify that, um, the ability that the receiving system, the EHR needs to be able to track when it actually receives information, either, if you will, um, from a transition and/or a referral and/or know, um, if it's sent out a referral, that it can actually, um, you know, tracked at that particular, um, situation has been closed. This where we identified, um, if there's outstanding lab orders; so for instance, if you've got, um, fundamentally, you can think this through, a, um, the patient care summary and it said pending lab order, that system could track. I'm waiting for that pending lab order and then when it actually receives it, you know, or could send that email reminder if it never got it, you know, because systems do that, this is actually where we capture that need to be able to, um, close the order when, um, there was pending information in the, in the care summary, so that's actually where we captured it.

Um—

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Okay, so, so, so, I don't know if this is picking a nit or if this is actually important. So actually sending lab results, um, I think raises all kinds of questions about how do you package them, so does it make sense to actually talk about that there's a summary of care or an updated summary of care for when including—

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

—ab results or received after, so, so our notion here—

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

—is that you're continuing to use the care summary as the vehicle.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yep.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Um, but there may be a trigger like a new lab result that's going to force a new one to be sent.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

So we're more general is what you're kinda—

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yes, I'm saying a summary of care or an updated summary of care and then maybe parenthetically including lab results received after transition.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Um hmm.

George Hripcsak – Columbia University

So, so Charlene, this is George, and I do have to run out, because it's three, but the first one is the consultant sending the information back, and then remembering to follow up on every on whatever extra studies they ordered.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yep.

George Hripcsak – Columbia University

But the second one is checking that I received those reports, right?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Oh, that's what you mean by that second bullet. Okay, that's not now I heard it.

George Hripcsak – Columbia University

Well, what does the second bullet mean? I may have it wrong.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Well, lab results was the one I thought was more, um, again, one of them is closing the request; it's a closed loop for the referral, you know, um, so it's consult report and/or lab results or, you know, etc., right?

George Hripcsak – Columbia University

First bullet, right?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah, the first one. The second bullet I actually read more to be like what Larry was talking about there. Eva's not on the call, um, but there was more to be like there's outstanding lab results that are on a, you know, transition, a summary of care document.

Christine Bechtel – National Partnership for Women & Families

So, Charlene, that's, that's right. I think what Eva was aiming for here is, you've got either outstanding lab results that come back for the doc, or you have a specialist who has subsequently sent you a report back, this is the confirmation that you have actually received it and looked at it.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yes.

Christine Bechtel – National Partnership for Women & Families

The intent was: Make sure the provider is looking it, not just sort of getting it and never looking at it.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Right, this was, this was all sort of all around, so this was on when you do a referral that their referring doc gets feedback that here's the consult report based on that referral.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Right.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

I mean that's where the—

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

And/or result.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

The simple content heavy version.

George Hripcsak – Columbia University

I'm still not … so that second bullet if the, the primary care provider sending back to the cardiologist, yes I've received your consult report or yes I've received the result of the CATs report, which came in later, and then acknowledging that, is that what that is?

Christine Bechtel – National Partnership for Women & Families

Yes, I believe that's correct.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yeah, this is simply on acknowledgement. This is not triggers to do something.

George Hripcsak – Columbia University

Um.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

The triggers to do something would have been on the earlier two pieces.

George Hripcsak – Columbia University

So, I don't—I'd have to think about how complex that is. We're not acknowledging all the other lab results we get, so I just want to think if it's really consistent. I understand the motivation is we want people to check all the data we get, but I'm not sure I would only, like if we're going to have them check results—

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Right.

George Hripcsak – Columbia University

And acknowledge it—

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So George, George, I think the specific reference to the lab, imagine that bullet gone.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yep, we're dropping it.

George Hripcsak – Columbia University

... cardiologist, yes, I got your consult report.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yes, correct. Thank you very much.

George Hripcsak – Columbia University

I don't know, that, it's possible. I'd have to think about that more to see if it's, um, I mean, yes, but some of these things, you know what I'm saying, like sometimes you, but then does the cardiologist say, it's like thank you, you're welcome, thank you for saying thank you, you're welcome, thank you.

How many times do you have to go back and forth, so I think this would be the last time is this, um, you surely want to make sure that to the provider, the PCP got this, um, … consultation—

Christine Bechtel – National Partnership for Women & Families

Hey, George.

George Hripcsak – Columbia University

All right, I guess that's what Eva was talking about, so I just—

Christine Bechtel – National Partnership for Women & Families

George, this is Christine, I have another way that I could conceive of, of doing it; actually two ways, if you're not comfortable with what's here. Um, one would be for the receiving provider to have integrated appropriate information into their record, because the only way they can do it if they look at it.

George Hripcsak – Columbia University

All right, that, that's certainly, you know, easier to, um, yep.

Christine Bechtel – National Partnership for Women & Families

But it's not an automated piece, so I'm not, you know, not having used an ERH myself, it's not just like, I mean, I don't know, you know, suck it in, but I think that the, the, the good piece about that is then the information is there and useful either when you need it, because it's the next visit, or because you need to follow up on it and so you have somebody was asked to advise on it. You know, the second way that you could potentially do it would be to build it into the, um, medication reconciliation piece. And instead of it being med rec, it being information rec and you'd have to really look at either meds or just the summary of care plan and take the updated elements. I'm not sure about that either, but those are two other ways.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

So—

George Hripcsak – Columbia University

Now I understand what you're saying, this is all kind of recs.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Recs.

George Hripcsak – Columbia University

I think that all these, all these objectives are reconciliation of one form or another. Um, I don't know, incorporation into the records is good. I see the problem that loses some amount of the explicitness—

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Right—

George Hripcsak – Columbia University

Of this one, but it might also be more acceptable, so I'm not sure. I think that—

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Well—

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

I think that was out intent, though, George. It was, our intent was that, ah, that the clinician, that the clinical process incorporates the data into the care in that setting. It's, it's not meant to be a mechanical thank you. It was meant to actually be something happened with the information, someone reviewed it and something was done.

George Hripcsak – Columbia University

So we just would have to think about, so I guess the thing is to think about what it really would feel like doing this and does it become busy work or is it actually useful in care. I understand the concept, but I just would have to think about, ah, what it would actually look like to the average provider. So that's a question, not an answer.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah, okay. And I, I know Eva's not on the call, and again, I think our intent here was more, I don't really, I'm not sure if could get her … one of the recommendations Larry made was, um, as we look, we just have the two minimum items, again, these are minimum, just to kind of, there's, it's just referral results we wanted back. I'm not even sure we need to, um, include orders, 'cause really what we were trying to do is close, um, and it was really, kind of, what, what I was thinking, like if you sent out, like, we're assuming that there's, um, e-referral that's sent …orders sent out. So the system will track, has, I expect an answer back within 90 days, 'cause that's the duration of this, and if I haven't seen one, I'm going to send an email to the patient to say did you go schedule your referral. And then as you're—they're waiting for some sort of a referral result back, whether it's a consult report, or, again, there can be variations. It could be a lab result. It could be different things that came back, um, so that's clearly one.

And, and systems can then track, you know, where that was and send the reminders out and those kinds of things. And then the other case was which we embedded in here, we were trying to actually, um, capture the receipt of a summary of care document, such that, you know, it actually, um, had been received, um, so we were actually trying to keep it pretty simple. But that starts to build an infrastructure in systems in terms of how many transitions have I sent and did I receive them and, you know, those things start to then get built, so systems can actually start to really track this well, right? Um, so that I thought—

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So things of that would, um, I'm the hospitalist. I discharged a patient. I thought I had a PCP. I send it, again, I get, I get no feedback, well, maybe that's not actually the right person or the right patient or something is wrong.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah, Yeah, and then the system starts to track that stuff, you know, because there, you know, there's an acknowledgement that comes back that it ends up in the provider's inbox, then acknowledged they got it, right, and that's it, you know. You just kind of wanted an inbox, right? So that was kind of the intent, um, and then we actually—I didn't think we're, you know, if we reconciled that information and that we actually have that in our next objective.

So the recommendation for this was maybe what Larry had said, um, it's a summary of care, 'cause there's a lot of elements in it, and we've got, we've got and/or an update to a summary of care that acknowledges both those types of things, and then we leave the second line of lab results off because it's too specific, because there's a lot of different types of, um, information that can be updated or relevant. So the recommendation is actually delete bullet two and then just expand bullet three to be a summary of care or update to a summary of care. And maybe the first one is referral results and we—

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yep.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

—were not specific as opposed to a consult report, 'cause there's different kinds of referral results.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yep, I'm with you. I think that would make this that would clarify the intent here.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Does that make sense?

Christine Bechtel – National Partnership for Women & Families

I think so; it's Christine.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay, so I'll, we'll make those two updates and for the purpose of the time, 'cause it's 3:10, I'm going to leave the two measures right now because Eva's not on and we can, kind of, re—review them again on Friday, okay? But I think we could potentially simplify it to just one measure again.

Christine Bechtel – National Partnership for Women & Families

Yeah, Charlene, it's Christine, just so you know, I talked about everything that, um, that I suggested with Eva, 'cause I don't want to disrupt the group's sort of flow, and she's, but she was comfortable with it, so I think the best thing as people think about what the right answer is, you know—

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay, all right, okay, all right, good, so as you can see the intent of what we're trying is get that two-way communication of tracking infrastructure set up right, and that will, if we can get this infrastructure set up in Stage 3, you know, it'll be key to all the stuff we're talking about.

Um, next slide, I know we have like four minutes left. Um, so, um this last one was actually we were trying to, and this, um, Christine, you raised the point, we're trying to go to, if you will, an information or clinical reconciliation process that's broader than the medication reconciliation process. And so we're trying to build a more, um, robust, um, reconciliation process, so again, um, we think we need to continue. Our expectation is we still need to continue to advocate for medication reconciliation in Stage 3, because again, if it's, um, it's moving from menus to core, but we don't think we should delete that capability yet.

Um, in the vendor community for Stage 2, um, the vendors are working on two aspects, medication reconciliation and intolerance reconciliation and we spent a lot of time talking about intolerances. And then the other element that we wanted to bring into this, um, into view for Stage 3 was problems, because we think that's going to be an important, um, element, um, to enable a care planning infrastructure. Um, so, um, those, if you've got any early on, the feedback again I'm getting is the content education piece, um, is coming kind of challenging definitionally, um, because sometimes you can't define contraindications still. A medication allergy occurs and there's an intolerance and then you kind of know what the contraindications are and potentially contraindications overlap with a problem. So there's a little bit of confusion there, so I'd, kind of, like to put on the table we're going to have to spend some time thinking through that on our next call.

So—

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

I think this is true. I think that the footnote actually does a pretty good job of highlighting some of the pieces, um, and I think about the example we had of the guy who got blood clots from the cent—from the PICC lines. It's not just drugs.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

It's anything that we've done or might do, but specifically anything that we've done that we track the fact that you had a bad outcome and our decision support now starts to build on patient specific information, not, ah, population information for the risks of doing something.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah, and I think that, um—

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

And I think that, I think that's part of the reason that he wasn't listened to. They said, "Yeah, we know that's your risk of this procedure, too bad," and it's like no, no. It's not a risk in general. It's a very high likely risk for me. It's what happened the last time I had a PICC line put in.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yeah. So when you, kind of, look up, you know, if you're have pregnancy, you're contraindicated for certain tests, blah, blah, blah, you know, again, that's a problem, so maybe we'll spend time thinking through how to better clarify, 'cause it's really those high risk procedures and, again, clinical decision support will work, so we might have to refine that definition or focus that definition a little. Otherwise it will overlap too much with problems and, um, other items.

Okay, so we've got, um, an agenda built up. I think we made great progress today. I think we're getting there. Any further comments by the workgroup?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Thank you for your persistence.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

No, thank everyone for their persistence. Everyone's working, um, in a shared way on this. Um, I guess we can open to public comment.

MacKenzie Robertson – Office of the National Coordinator

Operator, if you could please open the line for public comment.

Public Comment

Operator

If you would like to make a public comment and you are listening via your computer speakers please dial 1-877-705-2976 and press *1 or if you're listening via you telephone you may press *1 at this time to be entered into the queue. We have no comment at this time.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay. Well, thank you. Um, we'll work on a revision. Michelle, is Michelle on with ONC?

Emma Potter – Office of the National Coordinator

Emma Potter from ONC is on for Michelle.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay, Emma, you're going to help with making a first draft and then send it to me?

Emma Potter – Office of the National Coordinator

Yeah.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

And then I'll forward it to the workgroup.

Emma Potter – Office of the National Coordinator

Uh, huh.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Okay.

MacKenzie Robertson – Office of the National Coordinator

And just to be clear, ah, we're still having the call on Friday, correct?

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs

Yep.

MacKenzie Robertson – Office of the National Coordinator
Okay.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs
We're still having the call on Friday and then we have a Meaningful Use call shortly thereafter.

MacKenzie Robertson – Office of the National Coordinator
Yes, we do.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs
Okay, so we'll have fast turnaround on Friday then ….

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
It's 9:00 a.m. on Friday?

MacKenzie Robertson – Office of the National Coordinator
Yes, 9:00 a.m. for the subgroup and then the full Meaningful Use Workgroup is at 12:00.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect
Okay.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs
All right.

MacKenzie Robertson – Office of the National Coordinator
All right.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs
Thank you for everyone's time. Thank you very much.

Christine Bechtel – National Partnership for Women & Families
Thank you.

Charlene Underwood – Siemens Medical – Director, Government & Industry Affairs
All right, bye, bye.